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T O :- THE CHAIRMAN and MEMBERS of
THE HALIFAX RURAL DISTRICT COUNCIL.

Gentlemen,

I beg to present my Annual Report upon the health of the Halifax Rural District for the year 1925.

The Report, in conformity with instructions from the Ministry of Health is a survey of the past five years.

It is arranged in the form specified in the circular of the Ministry.

I have the honour to be

Your obedient Servant,

F. A. BELAM.

Medical Officer of Health.

PUBLIC HEALTH STAFF.

Medical Officer of Health:-

F.A.BELAM, M.D.,Ch.B.,D.P.H.

Also Medical Officer of Health and School Medical Officer Brighthouse M.B., Medical Officer of Health, Hipperholme U.D. and Medical Superintendent Brighthouse Joint Hospital Board.

Sanitary Inspector:-

F.GORLON.

Also Surveyor, Accountant and Water Engineer

HALIFAX RURAL DISTRICT.

ANNUAL REPORT of THE MEDICAL OFFICER of HEALTH for the year 1925.

NATURAL and SOCIAL CONDITIONS of the AREA.

Area. 6524 acres.

Population. (1921 Census) 6353. 1925 (Estimated) 6170.

The Rural District consists of 6 civil Parishes, the 1921 census population of which was as follows :-

Clifton.	2433.
Fixby	521.
Hartshead.	931.
Norwood Green and Coley	831.
Norland	1244.
Upper Greetland.	393.

Of these Clifton is by far the largest and most important.

It consists of 2 distinct parts, an industrial, which abuts upon the Borough of Brighouse, and an agricultural, which is widely scattered and includes the Village of Clifton, where lies the Parish Church. The chief rateable value resides in this Parish owing to the important Industries and Mills which are situated therein. There are also 28 Farms in Clifton.

Adjoining Clifton is Hartshead which abuts upon Huddersfield on the East side. It is chiefly Agricultural & contains 15 Farms. Fixby is a very small Parish adjoining Brighouse and Huddersfield and is Residential and Agricultural. There are 10 Farms.

Norwood Green and Coley besides being Agricultural and containing 15 Farms, also has an Industrial part. It adjoins Hipperholme Urban District.

Norland and Upper Greetland are isolated from the other constituent Parishes of the Rural District and lie towards Elland and Sowerby Bridge. They are situated high, and moor land surrounds them. In Norland there are 24 and in Upper Greetland 11 Farms.

The occupations of those who reside in the Rural District are as follows, in order of numbers employed in each :-

Textile Workers, Metal, Agriculture, Mining and Quarrying, Public

Administration and Defence, Transport, Commerce and Finance, Builders and Bricklayers. These are the principal occupations, the remaining engaging only small numbers, such as Clerks, Wood Workers, Dressmakers and Food workers, Painters, Leather Workers, Chemical and Electrical workers etc. About 1/6th of the population consists of unoccupied and retired persons.

The subsoil consists of clay and shale and is generally overlying coal measures. The hilly nature of the District, being a spur of the Pennine chain, allows of good surface drainage despite the impervious soil.

Number of Inhabited houses. (1921) 1615. (1925) 1627.

Rateable value, £42,337.

Sum represented by a penny rate. £161.2.7. (gross).

The various parts of the Rural District are so different from each other that it is difficult to refer to the District as a whole, but taken as a whole there is no serious overcrowding and no acute shortage of houses. In individual Parishes however, Housing conditions are by no means what they should be, and of the country cottages in Clifton, Hartshead and Norland, some at any rate are definitely lacking in efficient light and ventilation. Still this only effects certain houses, and the majority of houses in all Districts are satisfactory.

In Fixby a residential District is springing up by the erection of Houses and Bungalows for the accommodation of the well-to-do, whose businesses are in Huddersfield.

Only a few new houses have been erected since the census, but these are for the most part of the nature referred to.

VITAL STATISTICS.

The population will be noted to have fallen since the census, and the reason is of course chiefly the falling Birth

Rate and increased Death Rate. These figures for the 5 years under review are as follows :-

Year.	Birth Rate.	Infantile Mortality Rate.	DeathRate.	Population.
1921.	15.5	70	11.1	6353
1922	16.4	38	9.8	6415
1923	16.4	38	9.8	6373
1924	11.08	130	14.45	6225
1925	13.2	134	13.9	6170

In addition to this the Registrar General also states that there has been emigration which of course removes whole families. Population is an extremely difficult thing to estimate, and actual figures obtained by ^{census} ~~areas~~ are generally found to differ widely from those estimated. This may prove to be the case in the Rural District.

EXTRACTS from VITAL STATISTICS for the YEAR.

	Male.	Female.	Birth Rate.
Births:-			
Legitimate.	77	42	35
Illegitimate.	5	2	3
			82
			13.2
Deaths:-			
Total.	86	45	41
			Death Rate 13.9.
Number of Women dying in or in consequence of Childbirth.			0.
Deaths of Infants under 1 year of age per 1000 Births....			134.
Legitimate 90.9.			Illegitimate 40.0.
Deaths from Measles (all ages) 1 rate per 1000 population.			0.16.
Deaths from Whooping Cough (") 0	"	"	0.
Deaths from Diarrhoea (under 2) 0	"	"	0.

CAUSES of AND AGES at DEATH.

Cause of Death.	Sex.	Under 1.	1-5.	5-15.	15-25.	25-45.	45-65.	65 & over.	Totals.
Measles.	M	1	-	-	-	-	-	-	1
Influenza.	M	-	1	-	1	1	-	-	3
Pulmonary)	M	-	-	-	-	2	2	-	4
Tuberculosis)	F	-	-	-	2	-	-	-	2
Cancer.	M	-	-	-	-	1	4	2	7
	F	-	-	-	-	1	1	3x1	5 x 1
Rheumatic Fever.	F	-	-	-	-	-	1	-	1
Diabetes.	F	-	-	-	-	-	-	1	1
Cerebral-Haemorrhage.	M	-	-	-	-	-	1	6	7
	F	-	-	-	-	-	2	2	4
Heart Disease.	M	-	-	-	-	-	4	4	8
	F	-	-	-	-	1	2	3	6
Arterio-sclerosis.	M	-	-	-	-	-	-	1	1

CAUSES of and AGES at DEATH. (Continued).

Cause of Death.	Sex.	Under 1	1-5.	5-15.	15-25.	25-45.	45-65.	65 & over.	Total.
Bronchitis.	M	-	-	-	-	-	-	3	3
	F	-	-	-	1	-	-	-	1
Pneumonia.	M	1	-	-	-	-	1	1	3
	F	1	1	1	-	-	-	-	3
Other Respiratory Diseases.	M	-	-	-	-	-	1	-	1
Ulcer of Stomach etc.	M	-	-	-	-	1	-	-	1
Acute and chronic Nephritis.	M	-	-	-	1	-	-	1	2
	F	-	-	-	-	-	1	1	2
Congenital Debility.	M	2	-	-	-	-	-	-	2
	F	4	-	-	-	-	-	-	4
Suicide.	F	-	-	-	-	-	1	-	1
Death from Violence.	F	-	-	-	-	-	-	1	1
Other defined Diseases.	M	-	-	1	-	-	-	1x1	2 x 1
	F	-	-	1	-	2	2	5	10.
Totals.		9	2	3	5	8	24	35	86 88

Males 45 x 1. Females 41 x 1. x 2
46 42 37

x 2 Deaths were registered which are not included in Registrar General's Figures.

The Birth Rate for England and Wales for 1925 was 18.3 and the Death Rate 12.2 so that the figures for the Rural District compare somewhat unfavourably.

INFANTILE MORTALITY.

Infantile Mortality rate is a figure which is subject to very considerable fluctuation when small numbers are being dealt with, but the fact that the rate is 134 while that for England & Wales is 75 does occasion comment. 11 Deaths of Infants under 12 months out of 82 total births is far from satisfactory and appears to call for greater care on the part of mothers. It also indicates the need for Maternity and Child Welfare Clinics which these women can attend both before and after they become mothers.

It is very difficult to arrange this in such a large & widely scattered District, but there are such centres in all the Towns upon which the Rural District abuts, and the County pay the cost of such attendance to the Authority concerned.

This is the case in Brighouse where all mothers are welcome at the Child Welfare Clinic, and where several Clifton women are regular attendants. There are also Clinics at Elland, Huddersfield and Halifax and elsewhere, so that some Clinic is within reach of most women, though of course there are outlying Districts difficult of access and some distance from any centre.

The Infantile Mortality figures for the 5 years under review are shown in the Table and indicate well the fluctuation referred to above.

CAUSES of DEATH.

In the first place it must be pointed out that the Registrar General's figures of number of deaths is 86 whereas 88 are to be found in the local Registrar's returns. The 2 extra have been shown under their appropriate headings, but have not been reckoned in for purposes of statistics.

There are less deaths than last year but more than in the 3 previous years.

Cancer has taken an increased toll, in other diseases the figures are not very different from what they were in 1924. No special influence appears to adversely affect the District and Tuberculosis does not find a great number of victims.

The Births and Deaths in each Township were as follows :-

District.	Births.	Deaths.
Clifton.	24.	27.
Fixby.	11.	8.
Hartshead.	13.	21.
Norland.	16.	18.
Norwood Green & Coley.	4.	5.
Upper Greetland.	6.	9.
	75.	88.

In addition there were 7 Births to residents who registered them in other Districts.

NOTIFIABLE DISEASES.

Disease.	D i s t r i c t .						Cases admitted to Hospital.	Total Deaths.	Died not notified.
	Clifton.	Hartshead.	Fixby.	Norland.	Norwood Grn.	Upper Greetland.			
Smallpox.	1	-	-	-	-	-	1	-	-
Scarlet Fever.	9	1	-	4	4	-	16	-	-
Diphtheria.	-	-	-	1	-	-	-	-	-
Erysipelas.	1	-	-	-	-	-	-	-	-
Pneumonia.	1	2	-	-	2	-	-	6	5
Tuberc. Lungs.	3	-	-	-	1	1	1	6	1
" Other.	3	-	-	-	-	1	1	-	-
Ophthalmia Neonatorum.	-	-	-	-	1	-	-	-	-
Totals.	18	3	0	5	8	2	19	12	6

AGE of INCIDENCE of INFECTIOUS DISEASE in 1925.

Disease.	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Total.
Smallpox.	-	-	-	-	-	-	-	-	1	-	-	1
Scarlet Fever.	-	1	-	1	4	5	3	-	4	-	-	18
Diphtheria.	-	-	-	-	-	-	-	-	1	-	-	1
Erysipelas.	-	-	-	-	-	-	-	-	-	1	-	1
Pneumonia.	1	1	-	1	-	-	-	1	-	-	1	5
Tuberculosis. Lungs.	-	-	-	-	-	1	-	1	-	1	2	5
" Other.	-	-	-	-	-	2	1	-	-	1	-	4
Ophthal. Neonatorum.	1	-	-	-	-	-	-	-	-	-	-	1
Totals in Age Groups.	2	2	0	2	4	8	4	2	6	2	4	36

The Table shows the particulars of all Infectious Diseases arising in the District during the year. It occurred to me that as this is a survey report the figures illustrating the incidence of these Diseases over several years might be of interest as showing epidemic years and how these infections vary from year to year.

NOTIFICATIONS of INFECTIOUS DISEASES SINCE 1905.

Year.	Small-pox.	Sc. Fev-er.	Diph-ther-ia.	En-ter-ic.	Ery-sip-ilas.	Tuberculos. Lungs.	Other.	Pneu-monia.	Ophthal-Neonat-orum.	Puer-peral Fever.	Totals.
1905	1	19	3	-	4	-	-	-	-	-	27
1906	-	29	7	-	3	-	-	-	-	-	39
1907	-	8	6	4	1	-	-	-	-	-	15
1908	-	7	-	1	3	-	-	-	-	-	11
1909	-	42	7	1	-	-	-	-	-	-	50
1910	-	39	16	2	2	-	-	-	-	-	59
1911	-	4	10	3	-	-	-	-	-	-	17
1912	-	8	3	2	1	-	-	-	-	-	14
1913	-	23	2	3	3	12	4	-	-	-	47
1914	-	25	4	-	2	7	5	-	1	-	44
1915	-	10	9	-	-	3	1	-	2	-	25
1916	-	5	7	1	1	5	7	-	1	-	27
1917	-	-	3	1	-	5	2	-	1	-	12
1918	-	3	2	-	2	5	1	-	-	-	13
1919	-	8	3	-	-	5	1	11	-	1	29
1920	-	13	4	2	1	7	-	4	-	-	31
1921	-	14	2	-	2	3	1	10	1	-	33
1922	-	23	2	-	2	2	-	6	-	-	35
1923	-	28	2	-	-	8	-	3	-	-	41
1924	-	5	4	3	2	8	5	16	-	1	44
1925	1	18	1	-	1	5	4	5	1	-	37

Dealing with each Disease separately the first is Smallpox.

Smallpox. This Disease had been absent from the Rural District for 20 years until its occurrence in 1925.

A full report has been submitted to the Council, but for purposes of reference a brief note of the circumstances may be valuable.

The case was a female of 23 years (B.H.) (unvaccinated). She commenced illness on December 1st and the rash appeared on December 5th. M.O.H. was called in on the 8th, the diagnosis was confirmed by the County Smallpox Specialist and the Patient removed to - Hospital at Halifax 2 hours later. Enquiry elicited the following facts. Her sweetheart (C.B.) was ill with spots November 17th, he was visited by the patient on November 22nd, when his spots were said to be healed. C.B. was seen by M.O.H. and County Smallpox Specialist at request of the private practitioner on November 13th 16th and 17th and furunculosis was diagnosed. The latter Doctor saw the man on 17th only. After B.H. had been found to have Smallpox C.B. was again suspended and one scar on his forehead resembled that left by smallpox, though it was by no means typical.

However, an attempt at vaccinating him was unsuccessful, though he had never been vaccinated. Also his sister E.B. had smallpox scars on the sole of her foot, shoulders and forehead, and was unsuccessfully vaccinated. This girl works alongside a girl C.I. upon whom also smallpox scars were found, and whose brothers

were both removed to Hospital in October suffering from smallpox. She (C.I.) contracted the disease from W.P. a neighbour and friend who brought it from Sheffield in August. Thus was established a complete chain and connection between the Brighthouse cases proved the same individual to be responsible for infection of all.

All contacts were offered and nearly all accepted vaccination. In connection with this case 14 vaccinations were performed by the M.O.H. Disinfection of house and clothing was performed and all bedding destroyed. The contacts were all quarantined for the requisite period and after its lapse the house walls were stripped. Chickenpox was made a notifiable disease and no more cases of smallpox developed.

Scarlet Fever. This disease affected 18 cases during the year. As everywhere it produced a certain number of cases annually in the Rural District and the numbers can be seen on the table.

Not since 1909-10 has there been an epidemic and then the numbers were not high. Isolation in Hospital is always carried out unless it is clearly demonstrated that such isolation can be successfully accomplished at home.

Disinfection always immediately follows removal or cure of the patient.

Diphtheria. This infection does not produce many cases in this District. Almost invariably the patients are sent to Hospital, an occasional one remaining at home efficiently isolated. In the case of this disease and the last the M.O.H. personally visits any cases kept at home to ascertain that isolation really is efficient.

It cannot be too strongly emphasised that rapid diagnosis is of the utmost importance in Diphtheria owing to its serious nature. On account of its comparative rarity Doctors are not on the look out for it and the result has been that delay in the administration of antitoxin has occurred. If there is the slightest suspicion of Diphtheria antitoxic serum should always be given. It does no harm and its delayed administration may easily prove fatal. There is not time to wait 3 days for a swab report.

Enteric. The various ulcerations of the bowel which go under this name are fortunately not commonly seen in this District. No case was reported in 1925 and the 3 in 1924 were all treated successfully in Hospital. Of these one was very doubtful enteric. The low incidence of this disease is very satisfactory especially as water supply and conveniences are not all that they should be in all parts of the District, though the bulk of the water supply, as will be described later, is from reservoirs and waterworks.

Erysipelas has a very low incidence and occasions no comment. It is very rarely fatal and home treatment generally successful.

Tuberculosis.

The incidence of this disease is seen by the Table to be low in so far as notifications are concerned and there is no reason to think that the majority of cases are not notified.

Each year, however, a certain number of deaths occur

ascribed to this cause in which the disease has not been previously notified. But when one notes the very diverse towns, Hospitals and Practitioners by whom such Certificates are signed it is no wonder that notifications do not always find their way to the M.O.H. of the District in which the Patients are domiciled.

As is also the case in other Districts of which I am in sanitary charge the incidence of non-pulmonary Tuberculosis is much lower than that of pulmonary. This I feel sure is due to non-notification of tubercular cervical glands, peritonitis etc. Very few gland cases are notified except by School Medical Officers or District Tuberculosis Officers who discover the children either at School or as contacts of notified pulmonary cases. This is unfortunate as so much can be done for sufferers from tuberculosis both for their own benefit and that of others, by Sanatorium and other treatment.

Only one death was recorded from pulmonary tuberculosis which had not been previously notified.

It must be remembered that until a case is notified Sanatorium treatment is not available, and that is the treatment above all others which has been proved to be successful. This is because it puts the Patient in good healthy open air surroundings and gives him plenty of nourishing food. It is the home with its lack of light and ventilation and overcrowding which is generally the cause of the condition, given the infection present. This is why time after time one member of a family after another gets tuberculosis, not because the disease is hereditary, for it is not, but because it is infectious. This is the reason why isolation should be speedy and maintained until the patient is no longer infectious. Into the difficulty of this due to economic conditions of patients and lack of accommodation I will not enter.

To prevent the non-pulmonary form, regular veterinary inspection of all the dairy cattle in the Rural District is urgently required. I sincerely hope that before long the County will see their way to making the necessary arrangements for this to be carried out, otherwise the Tuberculosis Order will become a dead letter and tubercular milk will be as frequently drunk as ever.

No random milk sampling will suffice, regular inspection of all cattle by Veterinary Surgeons is needed, so that the very beginnings of disease can be noted and the cattle eliminated before tubercular milk comes into the market.

In the Towns this is done, the County should follow suit, as they are the responsible Authority for carrying out the protection of the public afforded by the Tuberculosis Order.

Pneumonia.

As elsewhere this disease is not well notified. Of the 6 deaths ascribed to this cause 5 had not been previously notified. This being so statistics of incidence culled from notifications are quite untrustworthy. The notifications are shown on the Table. No tangible benefit to the

patient accrues from notification and this is I presume the reason for its omission by the Practitioner. It has reason but is unfortunate as notification helps in many ways as showing the incidence of the disease etc.

Puerperal Fever and Ophthalmia Neonatorum are noted to be rarely recorded. This is all to the good as both affections are serious, especially the former.

HOSPITALS and CLINICS of the DISTRICT.

The Hospitals chiefly used by the inhabitants of the Rural District are the Huddersfield & Halifax Infirmaries, St. Lukes Hospital (Halifax Union) and the Bradford Eye, Ear and Throat Hospital. Other Bradford Hospitals, general and childrens are also available.

Tuberculosis is catered for by Dispensaries under the West Riding County Council situated at Brighouse and Sowerby Bridge, as well as others in Halifax and Huddersfield.

Infectious diseases are treated in the Clifton Hospital of the Brighouse Joint Hospital Board of which the Halifax Rural District Council is a member. The M.O.H. being also Superintendent of the Board's Hospital, no delay occurs in dealing with cases of infectious disease. Smallpox cases are treated at the Halifax Smallpox Hospital under an arrangement made by the Board in 1905 with Halifax Corporation. They are removed by the Halifax Fever Ambulance, other infectious cases by the Ambulance of the Joint Hospital Board.

Puerperal Fever and Maternity cases requiring Hospital treatment can obtain it at St. Lukes Hospital, Halifax, the County defraying the cost. Application must be made to the M.O.H.

Cases of Ophthalmia neonatorum can also obtain Hospital treatment at the County expense on application to the M.O.H.

Venereal diseases are under County control and are treated at Halifax and Huddersfield Infirmaries.

The County Laboratory at Wakefield is available for all bacteriological work and that at Bradford for chemical analysis.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

Except in some scattered cottages in isolated parts of the area or in exceptional cases in other parts the water is supplied to the various Parishes from the large gathering grounds of neighbouring Towns by local arrangements which have been made at different times. This being so the supply is generally satisfactory. Clifton, Hartshead, Norwood Green and Coley use the Halifax Corporation Water supply, except that a small part of Clifton derives its water from the Bradford City supply. These arrangements were completed in 1902 and 1906.

Norland has its own reservoir collecting from Norland

Moore, which, enlarged in 1900, supplies the greater part of that Parish. A small part uses Halifax water and 2 groups of houses have their own supply derived from wells. During the year one group of houses was found to derive its water from a well situated immediately below privy middens. On analysis, needless to say, this water was found to be contaminated. The Landlord was communicated with and at once installed a piped supply derived from a good source.

Upper Greetland has, its own reservoir, opened in 1900. Its water is also from the Moor and should therefore remain satisfactory.

Drainage, Sewerage and Closet Accommodation, owing to the very considerable cost and other difficulties, the water carriage system of sewage disposal is only in use in the District in a very limited number of houses. The vast majority of conveniences in the District are privy middens. New houses instal W.C's where there is a sewer available and of these 8 have so done during the year.

There are now 190 water closets in the District and some 12 privy middens have been so converted since 1921. 62 Tub closets remain in the District and 33 waste water closets. In all about 1000 privy middens are still in existence.

The sewage of Clifton empties into the Brighthouse, Hipperholme and Cleckheaton sewers. That of Fixby in part enters the sewers of the Elland Urban District and in part those of Huddersfield.

Norland drains into Sowerby Bridge sewers.

Norwood Green has a small septic tank and continuous filter with automatic sprinkler.

Hartshead has 3 septic tanks and irrigation.

All other sewage is treated on the land, being removed by the Farmers concerned.

During 1925 new main sewers have been provided for parts of Fixby and Norland. Many dwellinghouses and also the mills in Clifton have been put onto the water carriage system.

Scavenging is performed by the Council for Clifton, by Contractors for Hartshead, Norwood Green and Upper Greetland, and by owners and occupiers for Fixby and Norland. The annual cost is £403. Refuse is disposed of to tips and farmers.

SANITARY INSPECTION of the AREA.

NUISANCE INSPECTIONS.

Total No. of Inspections made in 1925 for Nuisances only.	124.
Nuisances reported in 1925.....	82.
Nuisances in hand end of 1924.....	5.
Total needing abatement.....	5.
Abated during 1925.....	77.
Outstanding end of 1925.....	5.
Notices served, informal.	81.
Complied with.	76.
" " statutory.	1.
" " " "	1.

Total No. of Summonses or other legal proceedings..... 0.

There are no common Lodging Houses, houses let in lodgings or offensive trades in the District. No Factory inspections were done.

SCHOOLS.

There are 4 Elementary Schools in the District, all of which have been inspected by the M.O.H. These are situate at Clifton, Hartshead, Norland and Norwood Green.

At Clifton School the ventilation is unsatisfactory owing to the existing ventilators not acting. Conveniences on the water carriage system.

Hartshead School is satisfactory except that the conveniences are privies. Norland School also is satisfactory, well lighted and ventilated, as is Hartshead. Its conveniences are tubs emptied frequently by a local farmer.

Norwood Green is a good well lighted and ventilated School. Its conveniences are on the water carriage system, being W.C's with automatic flush.

Minor defects such as urinals requiring refacing and overcrowding of classrooms due to lack of adjustment were pointed out to the necessary persons for action.

On the whole the Schools are quite satisfactory and well kept. An epidemic of measles at Norland School occasioned a visit, but all necessary steps appeared to be being taken.

HOUSING.

The general Housing conditions in the area vary markedly in the different Parishes. On the whole the houses are of the small cottage type and many are insufficiently lighted or ventilated. This especially applies to the rural agricultural parts such as Norland, parts of Clifton and Hartshead.

In Fixby a residential area is springing up and good class houses and bungalows are being erected.

But the vast majority of houses are working class dwellings. Thus out of 1627 houses in the District 1555 are working class. The 1921 Census gives 1615 structurally separate dwellings for 6353 persons having 5628 rooms and .91 rooms per person.

The population for 1925 is 6170 so that the houses should be less overcrowded to-day than they were at the census, especially as a few working class houses have been erected since 1921. In 1925 three such were built and 5 others which were not so described. No State aided houses were built.

At the time of the Census 151 families comprising 1056 persons were living in overcrowded conditions, taking the Registrar General's standard of 2 persons per room as satisfactory. To-day this overcrowding is probably about

the same, which means that 1/6th of the total population are housed unsatisfactorily. This is a high figure and it is to be hoped it will soon be remedied by the provision of more working class houses. At the present time owing to the difficulty of obtaining an economic rent for a house which has been built at considerable cost, very few houses of this type are being built except by large Corporations.

SUMMARY of HOUSING WORK during 1925.

Total houses inspected for Housing defects in 1925.....	11.
" " needing further action.....	11.
" " found with defects.....	11.
" " in regard to which notices were served.....	11.
" " made fit after notice.....	11.

No legal proceedings were taken during the year.

INSPECTION and SUPERVISION of FOOD.

(a) MILK SUPPLY.

There are in all 103 farms in the rural district which produce milk. During the 5 years under review a complete survey of all these farms was made by the County Inspector. A summary of his report reveals the following facts. Of 166 Cowsheds the conditions as to cubic space per cow, lighting and ventilation are as follows :-

<u>Size.</u>	<u>Cubic feet per Cow.</u>	<u>No. of Cowsheds.</u>
	600 and over.	48.
	500 - 600.	38.
	400 - 500.	53.
	300 - 400.	25.
	200 - 300.	2.

<u>Ventilation.</u>	<u>Square inches per Cow.</u>	<u>No. of Cowsheds.</u>
	30 or over.	30.
	20 - 30	12.
	10 - 20.	9.
	5 - 10.	20.
	0 - 5.	14.

Hopper or roof ventilation only.....	16.
None or open to barn only.....	65.

Lighting.

<u>Square feet per Cow.</u>	<u>No. of Cowsheds.</u>
3 and over.	30.
2 - 3.	35.
1 - 2.	67.
0 - 1.	32.
None.	2.

This does not reveal a satisfactory state of affairs and not one Farm in the whole Rural District is reported as altogether satisfactory. ~~All are deficient in one respect or another, most in more than one.~~

Now in most cases the Farmer is only the tenant and the owners cannot legally be approached by the Local Authority. Some of them by means of persuasion have taken the Cowsheds in hand and endeavoured to bring them up to standard. But these are the minority. Most will do nothing. The Local Authority can serve notice on the Farmer that his lighting or ventilation is not reasonably sufficient, remembering that no standard is enforceable in law. The Farmer says he cannot afford, and does not wish to do alterations to someone else's property and then probably have to pay an increased rent for doing it.

What is the Authority to do? They cannot and would not wish to stop the Farmer from milk producing. What is needed is power to deal with owners. Even then when Farmers are owners they are still reluctant to carry out alterations, but they could be educated into seeing the necessity for them in time, but it would be difficult. Still already some do understand that a healthy sanitary mistal means healthy non-tubercular cattle, just as a healthy sanitary house means a non-tubercular man. They will realise that to prevent disease is better than to have their cattle condemned when diseased.

Since I have been Medical Officer I have endeavoured to visit as many Farms as I could and impress on each Farmer the importance of cleanliness, leaving a leaflet explanatory of the simple procedure necessary to ensure it.

By this means I hope to attempt to counteract the effect of the unsuitable cowsheds and get clean milk produced as is well known to be possible even in most unprepossessing cowsheds.

What is most urgently required however is regular Veterinary inspection of all dairy cattle, say once every quarter, so that tuberculosis may be discovered as soon as possible and the beast affected destroyed.

This is the only way in which to ensure a milk supply free from tuberculosis.

I sincerely trust that this will ere long be arranged by the County. I have mentioned this elsewhere, but its importance is obvious.

There is no graded milk in the District. All milk sampling and the administration of the Tuberculosis Order is in the hands of the County Authorities.

(b) MEAT.

There is no Meat Inspector on the Staff of the Rural District Council.

Slaughter houses are scattered all over the District, and even if such an Inspector were appointed he would have considerable difficulty in inspecting all meat slaughtered owing to distances between Slaughter Houses.

There are in all 11 Slaughter houses, none registered, all licensed.

No inspection whatever is carried out, as there is no one to do it except that the Medical Officer pays frequent visits to the large well equipped slaughter house of the Co-operative Society in Clifton and inspects the meat there.

This is of very good quality, and the Manager is always ready to call attention to any meat of which he is doubtful.

The whole question of Meat Inspection in a scattered rural district is a very difficult one, and the remedy is not easy.

The maintenance of a whole time Meat Inspector is advisable, but of course costs money, and finances must be considered, especially as a Government grant might not be easily obtainable either, though probably this would be forthcoming.

All food sampling is in the hands of the County.

